

Envoy Medical Systems, LP
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IRO Certificate #4599

DATE OF REVIEW: 5/21/15

IRO CASE NO.

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Selective Nerve Root Block/Transforaminal ESI, Left L3-L4; CPT's: 64483;64484,77003,01991, 01992

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

Physician Board Certified in Pain Management & Anesthesiology

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

Overtaken (Disagree) X

Partially Overtaken (Agree in part/Disagree in part)

PATIENT CLINICAL HISTORY SUMMARY

This male sustained a lifting injury in xx/xx/xx. There has been an L3-L4 laminectomy. Numerous treatment modalities have been utilized, including physical therapy, NSAID's, muscle relaxants, opiates, activity modification and selective nerve root block on the right and L3 and L4 transforaminally on 9/26/14. An MRI on 5/16/12 was reported to show a disc protrusion on the left at L4 and L3 with foraminal encroachment. In an office visit on 4/08/15 there is noted decreased strength 4/5 of the left anterior tibialis muscle.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION

Opinion: I disagree with the benefit company's decision to deny the requested service.

Rationale: ODG require evidence of radiculopathy which is present based on decreased strength noted in the tibialis anterior. There should be correlation of the patient's symptoms and MRI findings. This criterion has been met. There should be failure at conservative care. Extensive conservative care has been utilized. Previous epidural steroid injections have been performed on the right side. This is the first procedure to be performed on the left. ODG are met for the requested procedure.

DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

ACOEM-AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL
MEDICINE UM KNOWLEDGE BASE

AHCPR-AGENCY FOR HEALTH CARE RESEARCH & QUALITY GUIDELINES

DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

INTERQUAL CRITERIA

**MEDICAL JUDGEMENT, CLINICAL EXPERIENCE & EXPERTISE IN ACCORDANCE WITH
ACCEPTED MEDICAL STANDARDS X**

MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

MILLIMAN CARE GUIDELINES

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES X

PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

TEXAS TACADA GUIDELINES

TMF SCREENING CRITERIA MANUAL

PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES
(PROVIDE DESCRIPTION)